

My Heart Care Action Plan

My Name:

Date:

Doctor or Medical Provider:

ER address:

Doctor's or Medical Provider's Phone:

When the Doctor's or Medical Provider's Office is Closed :

Heart Nurse Phone Number:

Talk to my Doctor or Medical Provider TODAY if:

1. I have chest pain or tightness.
2. My heart has been racing for a long time.
3. I have trouble breathing or am more short of breath than usual.
4. I have a new cough and a fever.
5. My hands, feet or ankles are swelling more than usual.
6. New weakness or tingling on one side of my body.
7. I gain _____ pounds or more in one week.

Go to ER or call 911 if:



Ask my doctor or medical provider about:

1. Is Ace-inhibitor therapy right to protect my heart? _____ yes no
2. Is beta-blocker medicine right to protect my heart? _____ yes no
3. Is a flu shot every fall right for me? _____ yes no
4. What is my blood pressure goal? _____



Things I should do:

1. Weigh myself every day — (in the morning before breakfast after I go to the bathroom).
Write down my weight every day.
4. Tell my doctor or medical provider about any problems with my medicines.
Do not stop taking my medicines unless my doctor or medical provider tells me to.
5. Do not smoke.
7. Have my cholesterol tested.
8. Have my blood pressure checked by my doctor or medical provider.



My Medicines	How Much	Reason I am taking
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

Diet and exercise

I will exercise _____ days a week for _____ minutes.

